

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVN653HOS</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/15/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>NORTHERN NEVADA MEDICAL CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2375 PRATER WAY</b> <b>SPARKS, NV 89434</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>Initial Comments</p> <p>Surveyor: 23119 This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 10/13/09 and finalized on 10/15/09, in accordance with Nevada Administrative Code, Chapter 449, Hospitals.</p> <p>Complaint #NV00023110 was substantiated with deficiencies cited. (See Tags 51 and 318). Complaint #NV00023027 was unsubstantiated. Complaint #NV00023280 was unsubstantiated.</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p>	S 000		
S 051 SS=D	<p>NAC 449.314 Quality of Care/policies procedures</p> <p>2. The scope of services provided by each department, unit or service within a hospital must be defined in writing and must be approved by the administration and the medical staff of the hospital. Each department, unit or service within a hospital shall provide patient care in accordance with its scope of services. The policies and</p>	S 051		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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S 051	Continued From page 1  procedures of a hospital and of each department, unit or service within the hospital must, to the extent necessary, be integrated with the policies and procedures of the other departments, units and services within the hospital. This Regulation is not met as evidenced by: Surveyor: 23119 Based on job description review and interview the facility failed to ensure a social worker performed his duties within his job description and professional scope of practice for 1 of 3 patients (Patient #1) as follows:  1. The social worker failed to adequately assess the psychosocial needs of Patient #1, who was a patient in the acute senior geri-psychiatric unit with moderate dementia and cognitive impairment.  2. Based on a psychiatric recommendation on 7/9/08 that Patient #1 would require a guardian for financial and medical concerns, the social worker, on 7/16/09, had Patient #1 sign a General Power of Attorney giving all financial control to a friend, without the ability to understand the document.  Severity: 2 Scope: 1	S 051			
S 318 SS=D	NAC 449.3626 Rights of Patient  A governing body shall develop and carry out policies and procedures that protect and support the rights of patients as set forth in NRS 449.700 to 449.730, inclusive. This Regulation is not met as evidenced by: Surveyor: 23119 Based on record review and interview the facility failed to ensure social services protected the rights of 1 of 3 patients (Patient #1). On 7/16/08,	S 318			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

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S 318	Continued From page 2  the social worker had Patient #1 sign a General Power of Attorney signing all financial control to a friend, without the cognitive ability to understand the document.  Severity: 2 Scope: 1	S 318			

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